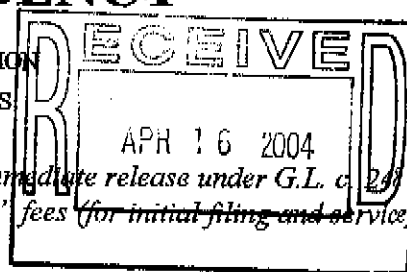


AFFIDAVIT OF INDIGENCYAND REQUEST FOR WAIVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS

(Note: If you are currently confined in a prison or jail and are not seeking immediate release under G.L. c. 241 §1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), do not use this form. Obtain separate forms from the clerk.)

Court _____ Case Name and Number (if known) _____

Name of applicant JAMES F COFFMAN

Address PO BOX 100 WALPOLE MASS

(Street and number) (City or town) (State and

Zip) 02071

SECTION 1: Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:
I AM INDIGENT in that (check only one):

- ☐ (A) I receive public assistance under Transitional Aid to Families with Dependent Children (TAFDC), Emergency Aid to Elderly, Disabled or Children (EAEDC), Supplemental Security Income (SSI), Medicaid (MassHealth) or Massachusetts Veterans Benefits Programs; (circle form of public assistance received); or
- ☐ (B) My income, less taxes deducted from my pay, is \$ NONE per week/month/year (circle period that applies), for a household of 1 persons, consisting of myself and NONE dependents; which income is at or below the court system's poverty level; (Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk. The court system's poverty level is updated each year.) [List any other available household income for the circled period on this line: _____) or
- ☒ (C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY

SECTION 2: (Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplementary request may be filed at a later time, if necessary.)

I request that the following **NORMAL FEES AND COSTS** be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid for by the state): (Check all that apply and, in any "\$0.00" blank, indicate your best guess as to the cost, if known.)

☐ Filing fee and any surcharge. \$ _____

Commonwealth of Massachusetts

SUPPLEMENT TO AFFIDAVIT OF INDIGENCYAND REQUEST FOR WAIVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS*(Note: If you checked (C) on the AFFIDAVIT OF INDIGENCY, you must complete this form.)*

Court _____ Case Name and Number (if known) Don't know
 Name of applicant JAMES F COFFMAN
 Address PO BOX 100 S. WALPOLE MASS 02071
 (Street and number) (City or town) (State and Zip)

Under the provisions of General Laws, Chapter 261, Sections 27A-G, I swear or affirm as follows:

1. PERSONAL INFORMATION

- (a) Date of Birth: 9/21/72
- (b) Highest Grade Attained in School: 10TH
- (c) Special Training: NONE
- (d) List any physical or mental disabilities which you wish to reveal and which affect your earning capacity or living expenses:

STATE CUSTODY

- (e) Number of Dependents: None

2. INCOME AFTER TAXES (monthly):

- (a) If from employment, list your occupation and your employer's name and address:

None

- (b) Source of income, if not from employment: None

(c) Income After Taxes Minus Expenses (monthly) (subtract 3(b) from

3(a)):

\$

None